١ .	PLACE OF DEATH	MISSOURI STATE BOARD OF HEALT BUREAU OF VITAL STATISTICS
	ounty Warren	CERTIFICATE OF DEATH
	ownship Camp Branch Registration Distr	rict No. 86/ File No. 3552
	or Illago Primary Registrat	/ 1 %)
or City	or Primary Registrat	
ıt,	· (NO.	8t.; Ward) [If death occurred hospital or institut
	FULL NAME Imajean. Verginá a. Rei	isch give its NAME ins
	PERSONAL AND STATISTICAL PARTICULARS	
8E)	EX COLOR OR RACE SINGLE	MEDICAL CERTIFICATE OF DEATH DATE OF DEATH
	Emile White Widowed Lungles,	Jan 8th 198
	ATE OF BIRTH	(Month) (Day) (Ye
M	•	I HEREBY CERTIFY, that I attended deceased fi
	(Month) (Day) (Year)	191
AGE	In Leos than	
_	yrs. 10 mos. 27 ds. or min.?	and that death occurred, on the date stated above, at O
(a) T	CUPATION Trade, profession, or	The CAUSE OF DEATH* was as follows:
part	rticular kind of work	Grews body in Copacity of
busii	General nature of Industry, siness, or establishment in Ich employed (or employer)	y stece of Basis and Octiled
	CTHPLACE	Coronard fleides desiliva
(City	tripplace by or town, te orforeign country) Warren CO.MO.	inge to thought al fearings !
	NAME OF	Investor Abeliants to for the
	FATHER Henry Reisch	Desposed of portion to the property of the pro
ا و	BIRTHPLACE	Kisigned N. R. Jures D. P.
HENTB	(City or town, State or foreign country) & Tren CO . MO.	Jan 9 1802 (Address) New yourton
ž	MAIDEN NAME OF MOTHER Belle Watkins	*State the Disease Causing Peath, or, in deaths from Violent Causes, sta (1) Means of Intury: and (2) whether Accidentar, Suicidal, or Homicidal.
+	BIRTHPLACE	LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)
	OF MOTHER (City or town, State or foreign country) ntgomery CO.MO.	necent nesidents) v
HE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
	ormant) Hy.Reisch	if not at diace of death?
6		usual résidence
	(ADDRESS) New Truxton MO .R.F.D	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	1 S CHARA DOMINA	Pin Oak Cemetery Jan.10th, and undertaken
Filed	d fue 18 1261. Mobeling by H Jahle	ABBITCOO
	W HEGISTHAR	A.J.River. Truxton.MO.

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PULL NAME FULL NAME PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE C	PLACE (PLACE OF DEATH	•	BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	,
Primary Registration District No. STATISTICAL PARTICULARS REAGE WORKSHOP READING WASHINGTON READING WASHINGTON READING CERTIFICATE OF DEATH (Wash) (Wa	di		Registration District	***************************************	
STATISTICAL PARTICULARS RADE WASHIED READE WASHIED READE WASHIED REDICAL CERTIFICATE OF DEATH (Mach)			•	Registered No	rred in a stitution.
STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	1	NAME			mber]
RAGE WAGNEED CONTROL	11 5	in	TICAL PARTICULARS	9	
THEKER CENTIFY 191.		- I	SINGLE MARRIED MARRIED OR DIVONED OR DIVONED (Write the word)	OF DEATH (Month) (Month)	(Year)
the transmitter of the transmitter of the date stated above, at the transmitter of the date stated above, at the state of the date stated above, at the state of the date stated above, at the date of dat	8	ļ.		191 to	,191,
If LESS tran If LESS tran If death occurred, on the date stated above, at The CAUSE OF DEATH* was as follows: In the The CAUSE OF DEATH* was as follows: In the The CAUSE OF DEATH* was as follows: In the The CAUSE OF BURIAL OR REMOVAL In the The CAUSE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL		(Month)	(Day)		,191,
foreign country foreign			· sp	that death occurred, on the date stated above, CAUSE OF DEATH* was as follows:	Ħ
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CONTributory (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed	neral natur ess. or estal employed	re of industry, blishment in (or employer)			7
(Signed) (Address) (Address) (Address) (Basis	4PLACE or town. or foreign count	uy)		(Duration)	·sp
(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, Site and Claim of Injury and (2) whether Accidental, Stickel, or Romicidal. (1) Means of Injury and (2) whether Accidental, Stickel, or Romicidal. LENGTH OF RESIDENCE (FOR HOSPITALS, Institutions, Transients, Recent Residents) At place of death of At place of death of At place of death of At place of death? Where was disease contracted if not at place of death? PLACE OF BURIAL OR REMOVAL ADDRESS.	NAME OF FATHER			MbARY) (Duration)yrs.	ds. M. D.
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OF MY KNOWLEDGE Former of usual residence Usual residence PLAGE OF BURIAL OR REMOVAL ADDREB9	BIRTHPLA OF MOTH (City or town	r fore		RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmo	sp
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UNDERTAKER	ormant)		***************************************	IAL OR REMOVAL DATE OF	
	(ADDRE				•

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEA Registered No. 2. FULL NAME OCCUPATION (a) Besidence. (Usual place of abode) / (If nonresident give city or town and State) How long in U.S., if of fareign birth? Lendth of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) DIVORCED (write the word) 17. That I attended deceased from F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (oa) WIFE or death occurred, on the date state 6. DATE OF BIRTH (MONTH, DAY AND YEAR) should THE CAUSE OF TEATH 7. AGE If LESS than 1 YEARS MONTHS DAYS day,bra. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer).....(duration).......vrs. (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) .. IF NOT AT PLACE OF DEATHI F (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATHY..... ⋖ 10. NAME OF FATHER RECEIVE WAS THERE AN AUTOPSYT 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST..... (STATE OR COUNTRY) (Signed) NOT 12. MAIDEN NAME OF MOTHER (Address) . 19 *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OF WWN) (1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, SUICIDAL, or (STATE OR COUNTRY) HOMICINAL (See reverse side for additional space.) 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL **EXFORMANT** (Address) 20. UNDERTAKER **ADDRESS**

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Accidental drowning; struck by rail-Examples: way train-accident; Revolver wound of headhomicide. Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate, will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.